

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING AND INVESTIGATIONS SECTION

Page 1 of ____

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Signature of FLIS Staff

Change Maple Leaf Manor, Inc

Glenna Fried, LCSW

614 New Britain Avenue

Hartford, CT

Licensure Category:

Residential Care Home

1899

Licensed Bed Capacity: 15

Census: 13

Date(s) of onsite inspection: 3/6/2025

Date(s) additional information obtained: _____

Personnel contacted: Derrick Gibbs, Person-in-Charge

Email Address: dgibbs@changeinonline.org

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

- ☐ Licensing Inspection ☐ Initial ☐ Renewal ☐ Other (e.g. strikes): _____
- ☐ Visit **OR** Revisit for the purpose of reviewing the Plan of Correction for the violation letter dated _____
- ☒ See Complaint Investigation #42145
- ☐ Violations of the General Statutes of Connecticut and/or regulations of Connecticut State Agencies were identified at the time of this inspection. See attached violation letter dated _____
- ☐ Desk Audit _____ ☐ Amended Letter: _____ Original Ltr. _____
- ☐ Citation # _____ was issued to this facility as a result of this inspection.
- ☒ Violations of the General Statutes of Connecticut and/or the regulations of Connecticut State Agencies **were not** identified at the time of this inspection.
- ☐ Citation # _____ was/was not verified as corrected. See attached narrative report.
- ☐ Narrative report/additional information attached.
- ☐ See Certification File.
- ☐ Referral(s) to _____

REPORT SUBMITTED BY: Glenna Fried, LCSW

DATE OF REPORT: 3/6/25

☐ Approval for issuance of license granted by: _____ **DATE:** _____
Supervisor/Title